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BREAKING ADDICTION'S HOLD

ScienceWatch: Could an African Plant Help Drug Users Overcome Their Cravings? Some say yes, but research results are mixed and legal battles hinder the work.
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The answer to America's drug problem may lie somewhere in the roots of an obscure plant that grows wild in African rain forests. That is, if only scientists could read and follow the directions the plant seems to be giving them.

With a single capsule --- or perhaps several over a period of weeks --- heroin addicts, alcoholics, cocaine users, even smokers, might erase or at least interrupt their cravings. One researcher talks hopefully of a skin patch from which addicts would slowly absorb a compound that blocks the biochemical events that trigger the desire to smoke, shoot up or drink.

But after several million dollars' worth of federally funded research, efforts to understand the plant and the properties of a compound squeezed from its cells have foundered on a tangle of lawsuits and conflicting scientific results.

That is unfortunate, said Dr. Stanley Glick, chairman of the department of pharmacology and neuroscience at Albany Medical College in New York. "In my view, it is something that certainly should be investigated," Glick said. "When you hear the same stories from enough people enough times, you have to believe that there's something at least worth investigating."

The stories Glick and others have been hearing for a decade involve the results of "offshore" treatment of drug addicts at clinics in the Caribbean and Panama with a substance called ibogaine. In dozens of cases, addicts report that a day or two after taking ibogaine, a relatively mild hallucinogen, they are strangely free of cravings.

The plant from which ibogaine is extracted is Tabernanthe iboga, and hunters in the African nation of Gabon have known about it for centuries. They say eating small quantities of iboga root enables them to remain alert, yet motionless, for hours on end.

But until 1962, when Howard S. Lotsof, then a New York film student, decided to try the drug, no one knew of its effect on addiction.

Lotsof explained that he and several friends were experimenting with a variety of psychoactive drugs, including LSD and heroin. He had no intention of ending any kind of drug use when he heard about ibogaine and decided to give it a try at the age of 19, he said.

"Thirty hours later, my desire to use heroin had vanished," he recalled. He suggested that several other friends give it a try, and they had the same experience.

For years, Lotsof did nothing about ibogaine. But in 1980, he decided the discovery was too important to be ignored. He filed patents on the use of the drug to treat addiction and formed a New York corporation, NDA International Inc. The purpose of the company is to market a preparation he named Endabuse, composed of capsules that contain an ibogaine compound, and to pursue research. He sought Food and Drug Administration approval for clinical trials of the drug.

By then, ibogaine had been designated a controlled substance by the U.S. Drug Enforcement Administration, like cocaine and marijuana. With the cooperation of physicians in the Netherlands, Lotsof opened a clinic to treat heroin addicts there, where it was legal.

Several patients reported the treatments relieved their cravings. Others were not helped. One young woman died.

Meanwhile, Lotsof met Dr. Deborah Mash, a brain researcher at the University of Miami School of Medicine. In 1992, Lotsof's company and the university signed a contract for Mash to conduct research on ibogaine and seek FDA approval for human trials. Under the contract, Lotsof and NDA retained the rights to ibogaine and any "discoveries, inventions or improvements" growing out of Mash's research.

In 1993, FDA approved her proposal for a clinical trial in which a few volunteers would take ibogaine to assess its side effects. About the same time, animal studies into the drug's effect were beginning to show results.

In studies at Albany Medical College, funded by the National Institute on Drug Abuse, Glick found that drug-addicted laboratory rats injected with ibogaine appeared to lose their craving for heroin, cocaine and nicotine. Other researchers found that ibogaine interfered with addiction to alcohol, Glick said.

Although no one knows why this happens, Glick and others theorize that something in ibogaine hinders the molecular processes by which drugs stimulate the feeling of pleasure and craving in the brain. "I think there is enough information to warrant doing reputable clinical investigations," Glick said. "There is a wealth of animal data. I think there is very good evidence, and some of it we provided, that the drug may interfere with addiction to opiates, stimulants, (alcohol) and nicotine."

But other animal experiments were not so encouraging. Scientists at Johns Hopkins University reported that ibogaine destroyed brain cells in rats. Another study showed it caused heart problems.

Then the lawsuits began.

In 1997, Mash sued NDA and Lotsof, accusing him of failing to keep up his end of the contract by not obtaining adequate patent protection for a new ibogaine-related compound she and her associates had discovered. She sought \$50,000 in damages and asked a federal court in Miami to let her and the university out of the contract. Lotsof countersued, accusing the university and Mash of defrauding him and stealing his patented uses of ibogaine. He also said that by operating an ibogaine clinic on the Caribbean island of St. Kitts, the university and Mash were illegally competing with a similar clinic he had opened in Panama to obtain clinical data.

Mash said she owned no interest in the St. Kitts clinic, where she acknowledges ibogaine is used to treat addicts, but said her husband, a Miami lawyer, is legal adviser to "investors" behind the St. Kitts clinic. She also said patients pay up to \$10,000 for her treatments.

The FDA-approved trials are on hold because of lack of funds to continue and because of the lawsuits, she said. Meanwhile, after spending more than \$2 million on research grants, the National Institute on Drug Abuse is losing interest in ibogaine. "The drug doesn't look terribly promising in terms of the risks and benefits," said Frank Vocci, director of its Medications Development Division.

Vocci said he believes Glick is the only researcher still receiving support from the institute for ibogaine experiments. And Glick said he thinks it is unlikely ibogaine will ever be approved as a drug to treat addiction, but he still believes further research is worthwhile. "I also think there is a good possibility that safer and more (effective) derivatives of ibogaine could be successfully developed," he said. "Ibogaine is a benchmark against which such derivatives will be compared and, for that reason alone, it is important to know as much about ibogaine as possible."

Mash said she remains optimistic about ibogaine, despite the problems she has had in obtaining funding for research. She said ibogaine and its derivatives offer hope of "a very gentle way for an addict to detox," perhaps someday through a skin patch.

Lotsof said ibogaine allows addicts, especially heroin users, to put aside their fears of withdrawal and begin the process of detoxification.

The legal fights and discouraging scientific findings have not kept an ibogaine subculture from growing in several countries, and a variety of Internet sites now offer information that is, for the most part, biased in favor of the drug.

One of the sites recently posted a long account from a self-described ibogaine patient who happily described the wonderful effects it had on her. The essay is followed by a sad postscript, stating that a few months after writing her account, the patient relapsed into drug addiction and committed suicide.



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